Effective October 1, 2003 10 759178													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN					
Ţ	OTAL CLAIMS	S	2-3					RATE	FEE	7	RATE	FEE	
F	OR	•	NUMBER FILED		NUM	NUMBER EXTRA		BASIC FE	€ 385.00	OR	BASIC FEE	770.00	
TO	OTAL CHARGE	ABLE CLAIMS	2→ 7 minus 20= 1		• }			X\$ 9=		OR	X\$18=	54	
INDEPENDENT CLAIMS			3 "	ninus 3 =	•			X43=	 	-	X86=	1	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT						 	OR	<u> </u>		
• ;	the difference	e in column 1 is	less than zero, enter "0" in column 2			columo 3		+145=	<u> </u>	OR	+290=	4	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	L	OR	TOTAL	834	
CLAIMS AS AMENDED - PART II 3-23-06 (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	7	RATE	ADDI-/ TIONAL FEE	
NO.	Total	.23	Minus	- 23		• 0		X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	•	Minus	(3	. 0		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1 .	200		
		•					l	+145= TOTAL	· ·	OR	+290=		
	(Calume 4)									OR	ADDIT. FEE		
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIO PAID F	ST ER USLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus			8		X\$ 9=	_	OR	X\$18=		
	Independent	•	Minus	****		=		X43=		OR	X86=	•	
	FIRST PHESE	NIATION OF ML	LTIPLE DEPENDENT		CLAIM		 	+145=		OR	+290=		
							.	TOTAL DDIT, FEE		OR ,	TOTAL ADDIT. FEE	·	
_		(Column 1)		(Column 2) (Column 3)			ı		٠.			· · ·	
MEN		CLAIMS REMAINING . AFTER AMENDMENT	,	HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		•	Γ	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		8	t	X43=		ŀ	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		F			OR			
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
H	the "Highest Nun the "Highest Nur	nber Previously Pai mber Previously Pa	id For IN THIS id For IN THIS	S SPACE is I S SPACE is I	ess than less than	20, enter "20."		TOTAL DOIT. FEE	لــــــــــــــــــــــــــــــــــــــ		DOIT. FEE	<u>.</u>	
1	he "Highest Num	ber Previously Paid	For* (Total or	Independen	t) is the l	highest number	foun	d in the app	ropriate box	in colu	mn 1.		

Application or Docket Number